

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46695

Entity Name: ANGELMAN SYNDROME FOUNDATION, INC.**Current Principal Place of Business:**75 EXECUTIVE DRIVE
SUITE 327
AURORA, IL 60504**Current Mailing Address:**75 EXECUTIVE DRIVE
SUITE 327
AURORA, IL 60504 US**FEI Number:** 59-3092842**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DOHRMANN, GREGORY
Address	6301 ST. ANDREWS DRIVE
City-State-Zip:	STOCKTON CA 95219

Title	TREASURER
Name	ROKITA, KATHY
Address	8823 WOODACRE LANE
City-State-Zip:	INDIANAPOLIS IN 46234

Title	SECRETARY
Name	MCCULLOUGH, FRANK
Address	1 BURKEWOOD PLACE
City-State-Zip:	CHARLESTON WV 25314

Title	DIRECTOR
Name	GRILL, JUSTIN DR.
Address	331 S. LAKE AVE
City-State-Zip:	SPRING LAKE MI 49456

Title	EXECUTIVE DIRECTOR
Name	BRAUN, EILEEN
Address	75 EXECUTIVE DRIVE SUITE 327
City-State-Zip:	AURORA IL 60504

Title	DIRECTOR
Name	MCCARTY, TIMOTHY
Address	219 E. EIGHTH ST
City-State-Zip:	HINSDALE IL 60522

Title	DIRECTOR
Name	BOUSUM, TIMOTHY
Address	43 WASHINGTON ST
City-State-Zip:	IPSWICH MA 01938

Title	DIRECTOR
Name	DAN, HARVEY DR.
Address	6254 LAKEWOOD STREET
City-State-Zip:	SAN DIEGO CA 92122

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EILEEN BRAUN

EXECUTIVE DIRECTOR

02/22/2015

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KATZ, STEVE DR.
Address 1002 STRATFORD AVENUE
City-State-Zip: MELROSE PARK PA 60521

Title DIRECTOR
Name SCHILLER, ROBERT
Address 3940 ALHAMBRA DRIVE W
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name WILLIAMS, CHARLES DR.
Address DIVISION OF GENETICS, DEPT OF PEDIATRICS
1600 SW ARCHER ROAD M-351
City-State-Zip: GAINESVILLE FL 32610

Title DIRECTOR
Name PRUITT, SHANNON
Address 3215 BARBYDELL DRIVE
City-State-Zip: LOS ANGELES CA 90064

Title DIRECTOR
Name WAGSTAFF, MARY
Address 6725 SUNSET BLVD
City-State-Zip: LOS ANGELES CA 90028

Title DIRECTOR
Name DALTON, JIM
Address 540 RUTILE DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082